



ANSI-ASQ National Accreditation Board/FQS

North Carolina
State Crime Laboratory
Triad Regional Laboratory
2306 W. Meadowview Road, Ste. 110
Greensboro, NC 27407

Report on Conformance with ISO/IEC 17025:2005

Accreditation Assessment Conducted on May 13-15, 2013
by

Frank Fitzpatrick, Lead Assessor

Terry Mills and David Knoerlein, Technical Assessors

ANSI-ASQ National Accreditation Board/FQS
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Tampa, FL 33607
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www.fqsforensics.org

INTRODUCTION

The assessment was conducted against the standard of ISO/IEC 17025:2005 and any appropriate supplemental requirements by Frank Fitzpatrick, Lead Assessor, and Terry Mills and David Knoerlein, Technical Assessors

The assessment was conducted at North Carolina State Crime Laboratory – Triad Regional Laboratory on May 13 -15, 2013 by inspection of facilities; review of policies, procedures, and records; and by staff interviews. All elements of the International Standard were assessed in this assessment.

Places where change is recommended reflect the requirements of program compliance and should not be taken as reflecting the quality of work product. The report is confidential to the customer and is for management purposes only.

The report contains identified non-conformances listed as major, minor, and opportunities for improvement. Each is defined below:

1. **Major Non-Conformances:** A major non-conformance is the absence of or the failure to implement and maintain one or more of the accreditation checklist requirements or a situation which would, on the basis of available objective evidence, raise significant doubt as to operations or appropriateness of the results reported by the accreditation customer. The assessment team may judge numerous minor non-conformances against a single requirement to be a significant breakdown of the management system and thus a major non-conformance. Any minor non-conformance that is a repeat from the previous assessment will be considered a major non-conformance.
2. **Minor Non-Conformances:** A minor non-conformance is any other non-conformance which seems to be an isolated occurrence and is normally easily corrected and verified.
3. **Opportunities for Improvement:** An opportunity for improvement is not a non-conformance or finding. It is used to document items that may help a customer improve their operations.

Cited clause numbers refer to the International Standard ISO/IEC 17025, unless otherwise indicated.

The laboratory is required to respond to **non-conformities** in writing within 30 days of receipt of the assessment report. The response shall identify the corrective action taken, including root cause analysis, selection and implementation of corrective action, and any follow-up confirmation of effectiveness. It is recognized that some non-conformities may require more than 30 days for completion of the process of root cause analysis, selection and implementation of corrective action, and confirmation of effectiveness, and

in such instances the 30 day response must include a description of action taken to date and a plan with milestones for completion of the corrective action.

All non-conformities will be verified at the next assessment or surveillance.

No response is required to opportunities for improvement.

All communication on non-conformities must be made through the Lead Assessor and/or the FQS Accreditation Manager.

This report contains the following information, as applicable:

- Confidential and No Conflict of Interest Statement
- Non-Conformances
- Commendations
- Statement on Proficiency Testing, Management Review & Internal Audit
- Prior Non-Conformances, if Applicable
- Sampling of Scope (Method/Matrix)
- Conclusions

CONFIDENTIAL AND NO CONFLICT OF INTEREST

ANSI-ASQ National Accreditation Board (ACCLASS & FQS) Confidential Information and No Conflict of Interest Agreement

I am a designated Assessor and/or Expert and have executed an agreement with ANSI-ASQ National Accreditation Board (ACCLASS or FQS, hereinafter the "Company") to provide Accreditation Activities to the Company. As part of such Agreement, I am obligated to execute this Confidential Information and No Conflict of Interest Agreement ("Special Agreement") for each Company's customer for whom I perform Accreditation Activities.

I hereby execute this Special Agreement with respect to ^{ACCLASS} Triad ("Customer"). I confirm that I have not during the 24 month period prior to the date hereof directly or indirectly provided any consulting or other services which might reasonably be construed as a conflict of interest (e.g., any commercial, financial and other pressures) to or on behalf of Customer. I confirm that I will not during the 12 month period succeeding the last day on which I provide Accreditation Activities with respect to Customer pursuant to the Agreement or any future agreement between the Company and me, directly or indirectly provide any consulting or other services which might reasonably be construed as a conflict of interest to or on behalf (including, but not limited to Accreditation Activities for another accreditation body) to or on behalf of Customer.

I understand that in order to perform Accreditation Activities with respect to Customer, the Company and/or Customer shall provide me, (i) with materials concerning Customer and records of Customer which contain confidential information belonging to Customer, and (ii) with access to Customer's personnel who know confidential information belonging to Customer, which confidential information is not otherwise generally known by the public and which is called "Confidential Information" under this Special Agreement.

I shall keep Confidential Information secret and confidential, and not disclose such Confidential Information to any person or entity except for the Company. I shall deliver to the Company, or at the Company's direction, to Customer all materials and reports (including all copies) in my possession (including manuals, reports, computerized data contained in any form) upon receipt of a written letter from Customer or the Company instructing me to return such materials.

I understand that my obligations under this Special Agreement shall survive the termination of the Agreement.

Designated Assessor: Fenne Fitzpatrick

Date: 5-13-13

**ANSI-ASQ National Accreditation Board (ACCLASS & FQS) Confidential
Information and No Conflict of Interest Agreement**

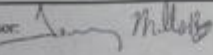
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Designated Assessor: 

Date: 5/11/13

**ANSI-ASQ National Accreditation Board (ACLASS & FQS) Confidential
Information and No Conflict of Interest Agreement**

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I hereby execute this Special Agreement with respect to NCSBI Traid
Lab _____ ("Customer"). I confirm that I have not during the 24 month period prior to the date hereof directly or indirectly provided any consulting or other services which might reasonably be construed as a conflict of interest (e.g., any commercial, financial and other pressures) to or on behalf of Customer. I confirm that I will not during the 12 month period succeeding the last day on which I provide Accreditation Activities with respect to Customer pursuant to the Agreement or any future agreement between the Company and me, directly or indirectly provide any consulting or other services which might reasonably be construed as a conflict of interest to or on behalf of (including, but not limited to Accreditation Activities for another accreditation body) to or on behalf of Customer.

I understand that in order to perform Accreditation Activities with respect to Customer, the Company and/or Customer shall provide me, (i) with materials concerning Customer and records of Customer which contain confidential information belonging to Customer, and (ii) with access to Customer's personnel who know confidential information belonging to Customer, which confidential information is not otherwise generally known by the public and which is called "Confidential Information" under this Special Agreement.

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I understand that my obligations under this Special Agreement shall survive the termination of the Agreement.

Designated Assessor: _____

Date: _____

5/16/2013

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	OFI - 2
Assessor:	Frank Fitzpatrick	Clause #	4.14.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
The Evidence Control and Administrative Services Procedure requires a "quarterly random audit for accountability and compliance with all evidence handling procedures". While this audit is being done, the thoroughness of the process would be enhanced if the case numbers of the cases audited are recorded and retained, and if a specific procedure or checklist existed which defined the specific requirements of the audit.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) <ul style="list-style-type: none"> Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

AClass / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	4.14.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
The Internal Audit checklist completed on the Internal Audit dated October 15-16, 2012 did not include the specific requirements of accreditation for FQS and so the internal audit did not address all of the elements of the management system.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to AClass / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by AClass / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact AClass / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by AClass / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	4.15.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
The Management Review does not contain all the elements required of this Standard. Non-conformances, separate from those found during the Internal Audit, were not included. Additionally, the Management Review lacked detail which would provide significant information to top management.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) <ul style="list-style-type: none"> Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	4.15.1 F-6 FQS require
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
There is no stated predetermined schedule for conducting Management Reviews.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	4.15.2
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
There was no evidence that findings from the Management Review were reviewed by top management and actions arising were recorded.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 2
Assessor:	Frank Fitzpatrick	Clause #	4.3.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
Numerous logs and forms which form a part of the quality system (e.g.the NC form, maintenance log, latent key control log, etc) are not controlled.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) <ul style="list-style-type: none"> Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

AClass / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	4.3.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
The Procedure for Document Control and Management allows Instrument manuals to be treated as references. The IS states that all such documents need to be controlled.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to AClass / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
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Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact AClass / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by AClass / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
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Assessor:	Frank Fitzpatrick	Clause #	4.7.2
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
There was no customer feedback last year reported for the Triad lab. This may suggest that current procedures for soliciting customer feedback are insufficient.			
Organization's Proposed Corrective Action Plan			
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IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
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AClass / FQS NON-CONFORMANCE RECORD

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Assessor:	Frank Fitzpatrick	Clause #	4.8
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
The Procedure for Complaints exists for "An expression of dissatisfaction regarding quality of service." This procedure includes media reports. In at least one instance a complaint was not entered into a QAR as required after a recent media report.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to AClass / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) <ul style="list-style-type: none"> Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
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Response Acceptable?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO		If response is "NO" again, contact AClass / FQS Accreditation Manager(s) for guidance.	
		Date:	
		Approved By:	
Verification of Response by AClass / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
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AClass / FQS NON-CONFORMANCE RECORD

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Assessor:	Frank Fitzpatrick	Clause #	5.2.2 F-8 FQS
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
In many of the latent print training procedures, it states "The trainee shall successfully complete a written test and practical exercises" and not state an acceptable criteria of what successfully means.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to AClass / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
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If response is "NO" or warrants comment, do so below:			
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		Approved By:	
Verification of Response by AClass / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	5.2.5
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
The authorization spreadsheet is extensive but lacks who has authorized this spreadsheet.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	OFI - 2
Assessor:	Frank Fitzpatrick	Clause #	5.4.6.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
Procedure for Measurement Assurance mixes concepts of UM calculation for balances and UM for weighing samples which may lead to confusion. Literature support for the calculation in Procedure for Measurement Assurance 5.7.11.1 should be included in the references.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) <ul style="list-style-type: none"> Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	5.4.6.1, 5.4.6.2, 5.4.6.3
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
There is no uncertainty of measurement estimation for toxicology (blood alcohol).			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	OFI - 1
Assessor:	Frank Fitzpatrick	Clause #	5.5.2
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
The Detecto scale in Triad latent prints used for measuring dental stone is not calibrated or performance checked.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

AClass / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	5.5.2 F-33 FQS require
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
The refrigerator used for the storage of chemicals in the latent print section is monitored for temperature, but no procedure exists how this is to be done and what is an acceptable range of temperatures.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to AClass / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by AClass / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact AClass / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by AClass / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	OFI - 1
Assessor:	Frank Fitzpatrick	Clause #	5.5.4
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
The Detecto scale in the latent laboratory has no unique identification.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
<input type="checkbox"/>	<input type="checkbox"/>		

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	OFI - 1
Assessor:	Frank Fitzpatrick	Clause #	5.5.5
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
The Detecto scale in the latent print lab, while used for crime scene activities, should be treated as other significant equipment.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	OFI - 2
Assessor:	Frank Fitzpatrick	Clause #	5.8.4
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
<p>There is a contradiction between these two policies that should be resolved. The procedure for Evidence Management states that "Refrigerator and freezer temperatures shall be recorded on the Temperature Logs weekly by the assigned Evidence Technician. Temperatures shall be in the range of 35 °F to 45 °F for the refrigerators and -15 °F to -5 °F for freezers."</p> <p>The General Laboratory Equipment Procedure states "5.2.4 Application of Procedure on Evidence</p> <p>5.2.4.1 The accepted temperature of the refrigerators shall be 4 °C (+/- 5 °C).</p> <p>5.2.4.2 The freezers shall be at zero degrees C or below."</p> <p>If the allowed temperature is at the lowest end (-1 °C), blood could freeze and tubes can risk breakage.</p>			
Organization's Proposed Corrective Action Plan			
<p>Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include:</p> <p>Root Cause Analysis (how / why did this happen?)</p> <p>Short-term corrective action (what steps will be in the immediate fix?)</p> <ul style="list-style-type: none"> Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable?	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 3
Assessor:	Frank Fitzpatrick	Clause #	5.8.4
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
Thermometers used to monitor temperature for a variety of refrigerators are not traceable to a national standard.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	5.8.4
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
<p>The procedure for Evidence Management states that "Refrigerator and freezer temperatures shall be recorded on the Temperature Logs weekly by the assigned Evidence Technician. Temperatures shall be in the range of 35 °F to 45 °F for the refrigerators and -15 °F to -5 °F for freezers."</p> <p>The General Laboratory Equipment Procedure states "5.2.4 Application of Procedure on Evidence</p> <p>5.2.4.1 The accepted temperature of the refrigerators shall be 4 °C (+/- 5 °C).</p> <p>5.2.4.2 The freezers shall be at zero degrees C or below."</p> <p>If the allowed temperature is at the lowest end (-1 °C), blood could freeze and tubes can risk breakage.</p>			
Organization's Proposed Corrective Action Plan			
<p>Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include:</p> <p>Root Cause Analysis (how / why did this happen?)</p> <p>Short-term corrective action (what steps will be in the immediate fix?)</p> <ul style="list-style-type: none"> Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable?	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

COMMENDATIONS

The staff of the Triad Regional laboratory was most open to questions from the assessors and helpful in providing information.

We would like to especially thank Brooke Motsinger for her tireless efforts in providing assessment materials and Manager James Faggart, Jr. for his welcoming attitude.

The Team would especially like to Lucille Clauson for her gracious hospitality.

PROFICIENCY TESTING, MANAGEMENT REVIEW, AND INTERNAL AUDIT

The Laboratory has records for successful participation in Proficiency Testing in conformance with FQS requirements. The Laboratory has not successfully conducted internal audits and management reviews in 2012 in conformance with ISO/IEC 17025:2005 and these are subject of minor non-conformities.

NON-CONFORMITIES FROM PRIOR REPORTS

This is an initial assessment. There were no prior non-conformities to review.

SAMPLING OF SCOPE

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025/17020 Assessor Report Method Review Matrix		Customer: North Carolina State Crime Laboratory- Triad Regional Lab		Assessment Date(s): May 13-15, 2013		Page 1 of 2				
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel Interviewed	Standards/ Equipment/ Ref. Materials	Procedure/ Operating Instructions	Measurement Uncertainty Verification	Traceability: Verification/ Calibration	Sampling: Handling/ Preparation/ Environmental Conditions	Quality Checks	Records	Report/ Certificate
FTIR Drugs	OPIE	Brooke Motsinger	FTIR; traceable polystyrene	Technical Procedure for IR	N/A	Yes, NIST	Acceptable, sampling procedure, lab environmen tal controls	Perform ance check, PMs, annual calibrati ons	Log books of perform ance checks, PM samples perform ed	Lab report file contains IR data
GC/MS Drugs	OPIE	Brooke Motsinger	GC/MS	Technical Procedure for Drug Chemistry GC/MS	N/A	N/A	Acceptable, sampling procedure, lab environmen tal controls	Perform ance check, PMs, annual calibrati ons	Log books of perform ance checks, PM samples perform ed	Lab report file contains GC/MS data
UV Drugs	PIE	Brooke Motsinger	UV	Technical Procedure for UV	N/A	NIST holmium oxide	Acceptable, sampling procedure, lab environmen tal controls	Perform checks, PMs except missed last PM so instrum ent not operatio nal until new PM	Log books of perform ance checks, PM samples perform ed	Lab report file contains UV data
Balances	OPIE	Brooke Motsinger; Robert Evans	Various top loading and analytical balances	Technical Procedure for Balances; Technical Procedure for	Yes, UM for balance processes;	NIST traceable weights- primary used as working	Acceptable, sampling procedure, lab environmen	Perform daily checks when in use;	Log books of perform ance	Lab report contains wt data

FQS Form 312

Method Witness (OPIEF) Form

June 5, 2012

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025/17020 Assessor Report Method Review Matrix		Customer: North Carolina State Crime Laboratory- Triad Regional Lab		Assessment Date(s): 5/13/-15/2013				Page <u>2</u> of <u>2</u>		
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel Interviewed	Standards/ Equipment/ Ref. Materials	Procedures/ Operating Instructions	Measurement Uncertainty Verification	Traceability/ Verification/ Calibration	Sampling/ Handling/ Preparation/ Environmental Conditions	Quality Checks	Records	Report/ Certificate
pH meter; head space GC;GC/MS; ELISA; IA; HPLC;	PIE (no current active toxicology staff)	Robert Evans	See test names HPLC still in crate until arrival of new staff (to keep vendor warranty enforce)	Various toxicology procedures for sampling; training; equipment	No UM for quant for tox-blood alcohol, GHB via GC/MS and HPLC/MS	Standards traceability to company- drugs	Environment al conditions fine, performanc e checks/cali brations performed adequate until 8 months ago when unit lost staff	Log books; perform ance checks/ PM (still done) perform ed until lost staff	Maintai ned operatio nal conditio ns on equipm ent; records ok	No report file since no case work since May 2012.
	PI	Brooke Motsinger	N/A	All-drugs	N/A	N/A	As per tests	See drug procedu res	Records in LIMS	Case Reports: T201301986 T201201265 T201201339 T201301397 T201205124
Evidence handling	OP	Deborah Canru; Sylvia Jones	Bar code and LIMS	Evidence receiving/stor age	N/A	N/A	Environme ntal ok	Semian nal audits	yes	N/A
DATE COMPLETED:					ASSESSOR:					

FQS Form 312

Method Witness (OPIEF) Form

June 5, 2012

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025/17020 Assessor Report Method Review Matrix			Customer: NCSBI Triad Lab		Assessment Date(s): May 13-15, 2013			Page 1 of 1		
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel Interviewed	Standards/ Equipment/ Ref. Materials	Procedure/ Operating Instructions	Measurement Uncertainty Verification	Traceability: Verification/ Calibration	Sampling: Handling/ Preparation/ Environmental Conditions	Quality Checks	Records	Report/ Certificate
Latent Processing	P, I, E	James Faggart	ALS, chambers	Processing procedures and training manuals	N/A	Refer. Verification of temp	N/A	Positive samples	None to review	No casework reported in the last 5 months
Latent Comparison	P, I, E	James Faggart	Imaging Equipment	Comparison procedures and training manuals	N/A	N/A	N/A	N/A	None to review	No casework reported in the last 5 months
FW/TT comparison	P, I, E	James Faggart	As above	Comparison and processing procedures and training manuals	N/A	N/A	N/A	N/A	None to review	No casework reported in the last 5 months
Databasing	P, I, E	James Faggart	AFIS terminal	AFIS procedures	N/A	N/A	N/A	N/A	None to review	No casework reported in the last 5 months
DATE COMPLETED: May 15, 2013					ASSESSOR: Frank Fitzpatrick					

NOTES:

*O = Observed Test; P = Procedure Reviewed; I = Interviewed Personnel; E = Equipment Inspected; F = Field (On-Site); NR = Not Running

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025/17020 Assessor Report Method Review Matrix			Customer: (Triad) North Carolina State Crime Laboratory			Assessment Date(s): 05/13/13			Page 1 of 2	
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel Interviewed	Standards/ Equipment/ Ref. Materials	Procedures/ Operating Instructions	Measurement Uncertainty Verification	Traceability: Verification/ Calibration	Sampling: Handling/ Preparation/ Environment (Conditions)	Quality Checks	Records	Report/ Certificate
Computer Forensics	OPIE	Daren Melson	Lab SOPs Equip Guides Manuals US Secret Service Best practices	PDF files reviewed for all procedures	N/A	HASH value verification control disk Log maintained	Standard office AC	100% Reviews Technical Clerical Administrative	Reviewed records in FA database T201102948 T200801030 T201105696 T200902860 T200801476	Reviewed reports in FA database T201102948 T200801030 T201105696 T200902860 T200801476
Video	PIE	Daren Melson	Lab SOPs Equip Guides Manuals LEVA best practices	PDF files reviewed for all procedures	N/A	(Video) Validation color bars and test tone	Standard office AC	100% Reviews Technical Clerical Administrative	Reviewed records in FA database T201100486 T201100158	Reviewed reports in FA database T201100486 T201100158
DATE COMPLETED: 0514/13						ASSESSOR: David Knoerlein				

NOTES:

FQS Form 312

Method Witness (OPIEF) Form

June 5, 2012

CONCLUSIONS

The non-conformities identified are classified as minor. In at least one instance, the resolution of one non-conformity will resolve two other related non-conformities. Most of the non-conformities are shared by all the laboratories in this system and not just to this laboratory being assessed.

To appeal any non-conformity cited in this report, please submit your appeal according to the FQS appeals procedure, no later than ten (10) days following your receipt of this report from FQS. The justification for the appeal and the change that the laboratory is seeking must be clearly stated.

Responses to FQS are due by July 1, 2013, unless otherwise arranged.

Respectfully Submitted,



Frank Fitzpatrick
Lead Assessor
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